

**2nd Edition**

# **UTAH SCHOOL AND EARLY CHILDHOOD PROGRAM**



## **IMMUNIZATION GUIDEBOOK 2002 - 2nd Edition**



Utah Department of Health  
**IMMUNIZATION  
PROGRAM**  
Immunize for healthy lives

**For School & Early Childhood  
Program Personnel**

# UTAH SCHOOL & EARLY CHILDHOOD PROGRAM IMMUNIZATION GUIDEBOOK

## INTRODUCTION

The Utah Immunization Program and the Utah State Office of Education are pleased to provide you with the the *Utah School & Early Childhood Program Immunization Guidebook*. This guidebook is designed to make the Utah Immunization Rule for Students (R396-100) clearer and easier for those school and early childhood program personnel who must administer the rule. It is also intended to help health care providers understand how this rule applies to the children they serve. It has been designed to be used in conjunction with the Utah Immunization Rule for Students which has been included in this guidebook as Appendix A.

Prior to the implementation of a statewide school entry law for immunizations in 1975, school districts and some local boards of health set immunization requirements jointly or independently for school aged children. Upon its implementation, consistent requirements have protected children attending Utah's schools and early childhood programs from many vaccine-preventable diseases. These diseases in the past caused significant illness and death. The success of the Immunization Rule for Students is a direct result of the tremendous collaboration among school and early childhood program personnel, health care professionals, and parents.

The Utah Immunization Program and the Utah State Office of Education recognize that immunization schedules are very complex and often require a great amount of time and effort to ensure Utah's children are adequately protected from many of these diseases. We appreciate your continued support for the Immunization Rule for Students and your dedication to Utah's children. If you have any questions concerning immunization requirements, please call the **Utah Immunization Program** at **(801) 538-9450**, or contact your local public health department.

Sincerely,

George W. Delavan, MD  
Division Director  
Community and Family Health Services  
Utah Department of Health

Patrick Ogden  
Associate Superintendent  
Agency Services  
Utah State Office of Education



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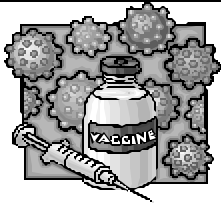
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# SECTION 1

## INDIVIDUAL VACCINE REQUIREMENTS



The following section outlines each required vaccine and the schedule to be followed, including minimum intervals between each dose of vaccine. If a student has fallen behind schedule, the minimum interval may be used to get the student “up-to-date”. Otherwise, the recommended schedule should be followed as outlined.



### DIPHTHERIA, TETANUS, PERTUSSIS

A student must be immunized for Diphtheria, Tetanus, and Pertussis before entering a Utah school or early childhood program. The following three schedules apply to the administration of Diphtheria, Tetanus, and Pertussis:

(1) **Schedule 1:** A student born **after July 1, 1986** must receive five doses of Diphtheria, Tetanus, and acellular Pertussis (DTaP), or Diphtheria, Tetanus, and whole cell Pertussis (DTP), or pediatric Diphtheria and Tetanus (DT). Administer the first three doses a minimum of one month apart, the fourth dose six months or more after the third dose. The fifth dose (booster dose) is required before the student enters kindergarten. *(If the fourth dose is administered after a student's fourth birthday, the fifth dose is not needed).* DTaP is currently recommended for all doses of the series.

a) If a student is FOUND having received the fourth dose of DTaP 4-6 months after the third dose, it does not need to be repeated. This is for auditing purposes ONLY! This is not to be accepted or encouraged as best practice. Six months is the recommended interval between dose 3 and 4. If it does occur with only a four month interval, it can be accepted. (William L. Atkinson, MD, MPH – CDC National Immunization Program)

b) A student who has received 6 or more doses before the 7th birthday does not require more, regardless of spacing. (William L. Atkinson, MD, MPH – CDC National Immunization Program)  
For students in these situations, proper documentation including the date, initials and an approval statement on student's immunization record is strongly recommended to avoid confusion in the future.

(2) **Schedule 2:** A student who is seven or older and who has not completed the series must receive three doses of adult Tetanus, Diphtheria (Td). The first two doses must be given a minimum of one month apart and the third dose six months after receiving the second dose. If the series was started before the student's seventh birthday with DTaP, DTP, or DT, the prior doses may be counted toward the three-dose schedule of Td.

(3) **Schedule 3:** A student who is seven and has not received any of the Tetanus or Diphtheria vaccines must receive three doses of adult Td. The first dose must be administered before school entry and the second dose at a minimum of one month after receiving the first dose. The third dose must be administered six months after the second dose.

NOTE: For students born **before July 1, 1986**: a four dose schedule of DTP is acceptable based

**Diphtheria, Tetanus, Pertussis**  
Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years
		DTaP #1	DTaP #2	DTaP #3		DTaP #4			DTaP #5

# INDIVIDUAL VACCINE REQUIREMENTS



## POLIO

A student must be immunized for Polio before entering a Utah school or early childhood program. Students born **after July 1, 1993** are to be immunized according to one of the following three schedules:

(1) **All IPV schedule:** A student must receive four doses of Inactivated Polio Vaccine (IPV). The first three doses must be administered a minimum of one month apart. The fourth dose of IPV must be administered according to the following three conditions:

- (a) ON OR AFTER THE STUDENT'S FOURTH BIRTHDAY; and
- (b) a minimum of one month after receiving the third dose of IPV; and
- (c) before a student enters a Utah school for the first time;

NOTE: If the third dose is administered on or after a student's fourth birthday, the fourth dose is not required.

(2) **Combination IPV/OPV Schedule:** A student must receive sequential administration of two doses of IPV followed by 2 doses of Oral Polio Vaccine (OPV) for a total of four doses. The first three doses, two IPV and one OPV must be administered a minimum of one month apart. The second dose of OPV must be administered according to the following three conditions:

- (a) ON OR AFTER THE STUDENT'S FOURTH BIRTHDAY; and
- (b) a minimum of one month after receiving the first dose of OPV; and
- (c) before a student enters a Utah school for the first time;

NOTE: If a combination of OPV and IPV is administered, four doses are required.

(3) **All OPV Schedule:** A student must receive four doses of OPV. The first three doses must be administered a minimum of one month apart. The fourth dose of OPV must be administered according to the following three conditions:

- (a) ON OR AFTER THE STUDENT'S FOURTH BIRTHDAY; and
- (b) a minimum of one month after receiving the third dose of OPV; and
- (c) before a student enters a Utah school for the first time;

NOTE: If the third dose is administered on or after a student's fourth birthday, the fourth dose of OPV is not required.

**NOTE: Inactivated Polio (IPV) is currently recommended for all doses of the polio series.**

NOTE: Students born **before July 1, 1993**, may have been immunized with 3 OPV or 4 IPV based upon recommendations at the time the student entered school.

NOTE: The schedule that includes the fourth dose at 4-6 years of age is *preferred*. But having all four doses separated by at least 4 weeks, regardless of the age of the fourth dose is acceptable. (William Atkinson, MD, MPH–CDC National Immunization Program)

For students in these situations, proper documentation including the date, initials and approval statement on student's immunization record is strongly recommended to avoid confusion in the future.

### Polio

#### Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years
		IPV #1	IPV #2	IPV #3					IPV #4

## INDIVIDUAL VACCINE REQUIREMENTS



### MEASLES

1. A student attending school, **kindergarten through twelfth grade** must receive two doses of a measles-containing vaccine. The first dose must be given **on** or **after** the student's first birthday. The second dose must be given prior to entering kindergarten. The *minimum* interval between doses one and two is one month (4 weeks).
2. A student one-year of age or older attending an early childhood program must have received one dose of measles-containing vaccine before school entry.

**NOTE: If the first dose was given *before* the student's first birthday, it does not count as a valid dose.**



### MUMPS AND RUBELLA

1. A student attending a Utah school or early childhood program must be immunized for mumps by receiving one dose of mumps-containing vaccine **on** or **after** the student's first birthday.
2. A student attending a Utah school or early childhood program must be immunized for Rubella by receiving one dose of rubella-containing vaccine **on** or **after** the student's first birthday.

**NOTE: If the first dose was given *before* the student's first birthday, it does not count as a valid dose.**

The MMR vaccine contains measles, mumps, and rubella. Giving 2 MMR vaccines is appropriate to satisfy the 2 dose measles requirement.

#### Measles, Mumps, and Rubella (MMR)

Recommended Immunization Schedule

12 months	15 months	18 months	2 years	4-6 years
MMR #1				MMR #2



### HEPATITIS B

(see Progressive Grade Requirements on page 6 to determine which grade cohorts are required to have Hepatitis B)

1. Beginning with the 1999-2000 school year, a student must be immunized for Hepatitis B prior to kindergarten entry. The first two doses must be given a minimum of one month apart. The third dose must be given according to the following three conditions:

- a. the student is a minimum of six months of age;
- b. a minimum of two months after receiving the second dose;
- c. the minimum interval between dose one and dose three is four months.

**NOTE: condition (a) must be met before (b) and (c).**

Because dosing schedules vary according to vaccine manufacturers, proper documentation of each dose, including the date, initials and approval statement on student's immunization record is recommended to avoid confusion in the future.

#### Hepatitis B

Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years
Hepatitis B #1								
	Hepatitis B #2			Hepatitis B #3				

# INDIVIDUAL VACCINE REQUIREMENTS



## HAEMOPHILUS INFLUENZAE TYPE B (HIB)

A student attending an early childhood program before the fifth birthday must be immunized for Haemophilus Influenzae Type b (Hib). *Hib is not required nor recommended after a student's fifth birthday and therefore, is not a requirement for entry into kindergarten.*

NOTE: Because dosing schedules vary according to vaccine manufacturers, proper documentation of each dose, including the date, initials and approval statement on student's immunization record is recommended to avoid confusion in the future.

**Recommended Schedule** – The recommended minimum age to begin Hib series is six weeks of age. The recommended minimum interval between Hib doses is one month. The booster dose of Hib vaccine following the primary series should be administered no earlier than 12 months of age and at least 2 months after the previous dose of Hib vaccine.

### Haemophilus Influenzae Type b Recommended Immunization Schedule

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2 years
		Hib #1	Hib #2	Hib #3	Hib #4 – Booster			

**Delayed Schedule** – This schedule is for children in whom initial immunization is delayed until 7 months of age or older.

Age at Initial Immunization	Total Number of Doses To Be Administered	Recommended Regimen
7-11 months	3	2 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose)
12-14 months	2	2 doses, 2 months apart
15-59 months	1	1 dose
60 months and older	1 or 2	Only for children with chronic illness known to be associated with an increased risk for Hib disease.

**Lapsed Schedule** – This schedule is for children with a lapse in administration. This takes into account previous vaccination history.

Age at Presentation	Previous Immunization History	Recommended Regimen
7-11 months	1 dose of HbOC or PRP-T (HibTITER) or (ActHIB)	1 or 2 doses at 7-11 mo. (depending on age);
7-11 months	2 doses of HbOC or PRP-T (HibTITER) or (ActHIB)	1 dose at 7-11 months; booster dose at 12-15 mo. of age (2 months after previous dose)
12-14 months	2 doses before 12 mo. of age	1 dose (2 months after previous dose)
12-14 months	1 dose before 12 mo. of age	2 doses separated by at least 2 months
15-59 months	Any incomplete schedule	1 dose

# INDIVIDUAL VACCINE REQUIREMENTS

## VARICELLA (Chickenpox)

(see Progressive Grade Requirements on page 6 to determine which grade cohorts are required to have Varicella)

1. Commencing with the 2002-2003 school year, a student must receive one dose of Varicella (chickenpox) vaccine prior to kindergarten entry. This dose must be given **on** or **after** the student's first birthday. If the Varicella vaccine is NOT given on the same day as the MMR, a minimum of 28 days should separate the two vaccines. Otherwise, MMR and Varicella may be administered on the same day, provided the student is at least one year old.

2. If a student has a history of the chickenpox disease, the parent/guardian must sign the official Utah School Immunization Record (USIR) or "pink card" stating the student has had the chickenpox disease and does not need the Varicella vaccine.

NOTE: Parental verification is acceptable for the Varicella vaccine ONLY. All other immunizations require written documentation as proof of immunization.

NOTE: Varicella is not required for attendance in any early childhood program.

### Varicella (Chickenpox)

Recommended Immunization Schedule

12 months	15 months	18 months
Varicella #1		



## HEPATITIS A

(see Progressive Grade Requirements on page 6 to determine which grade cohorts are required to have Hepatitis A)

1. Commencing with the 2002-2003 school year, a student must receive two doses of Hepatitis A vaccine prior to kindergarten entry. The first dose must be given **on** or **after** a student's **second** birthday. The second dose must be administered a minimum of six months after the first dose.

NOTE: Hepatitis A is not required for attendance in any early childhood program.

### Hepatitis A

Recommended Immunization Schedule

2 years	4-6 years
Hepatitis A #1 & #2	

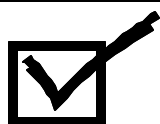
Two doses may be given anytime after 2 years of age, provided there has been at least 6 months between doses. The second dose must be completed prior to entering kindergarten.

**For auditing purposes:** 7 days = 1 week  
28 days = 4 weeks  
4 weeks = 1 month



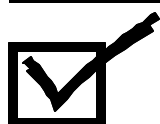
## SECTION 2

### SUMMARY OF REQUIREMENTS



#### SCHOOL ENTRY REQUIREMENTS

<b><u>A student born BEFORE July 1, 1986</u></b>	<b><u>A student born AFTER July 1, 1986</u></b>	<b><u>A student born AFTER July 1, 1993</u></b> (At Kindergarten entry)	<b>EFFECTIVE JULY 1, 2002</b> <b><u>A student born AFTER July 1, 1996</u></b> (At Kindergarten entry)
4 DTP/DT 3 Polio 2 Measles 1 Mumps 1 Rubella	* 5 DTP/DTaP/DT 3 OPV or 4 IPV 2 Measles 1 Mumps 1 Rubella	* 5 DTP/DTaP/DT ** 4 Polio 2 Measles 1 Mumps 1 Rubella 3 Hepatitis B	* 5 DTP/DTaP/DT ** 4 Polio 2 Measles 1 Mumps 1 Rubella 3 Hepatitis B 1 Varicella (chickenpox) - history of disease acceptable, parent must sign verification statement on school immunization record 2 Hepatitis A
* DTP/DTaP/DT – 4 doses if 4th dose was given on/after the 4th birthday ** Polio – 3 doses if 3rd dose was given on/after the 4th birthday			



#### PROGRESSIVE GRADE REQUIREMENTS

Beginning with school year 1999-2000 Hepatitis B became a requirement for kindergarten entry. Beginning with 2002-2003 school year, Hepatitis A and Varicella will also be required for kindergarten entry. In order to keep track of which grades are required to have which of these immunizations, please refer to the charts below. Please keep in mind that the requirements are based upon a particular grade cohort or group.

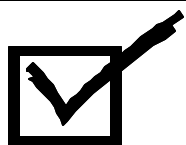
##### HEPATITIS B ONLY

<u>School Year</u>	<u>Grades Required</u>
1999-2000	Kindergarten (K)
2000-2001	K, 1st
2001-2002	K, 1st, 2nd
2002-2003	1st, 2nd, 3rd
2003-2004	2nd, 3rd, 4th
2004-2005	3rd, 4th, 5th
2005-2006	4th, 5th, 6th
2006-2007	5th, 6th, 7th,
Etc.	

##### HEPATITIS A, HEPATITIS B, AND VARICELLA

<u>School Year</u>	<u>Grades Required</u>
2002-2003	Kindergarten (K)
2003-2004	K, 1st
2004-2005	K, 1st, 2nd
2005-2006	K, 1st, 2nd, 3rd
2006-2007	K, 1st, 2nd, 3rd, 4th
Etc.	

## SUMMARY OF REQUIREMENTS



### EARLY CHILDHOOD PROGRAM REQUIREMENTS

Children enrolled in Early Childhood Programs must be immunized appropriately for their age for the following immunizations:

Diphtheria

Tetanus

Pertussis

Polio

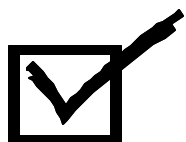
Measles

Mumps

Rubella

Haemophilus Influenzae type b (Hib) - not recommended after age 5

NOTE: Hepatitis B, Varicella, Hepatitis A, and PCV7 are recommended, but are not required for students in early childhood programs.



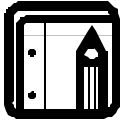
### MINIMUM AGE AND MINIMUM INTERVAL

This table should be used to determine minimum intervals for “catching” children up who have fallen behind, otherwise the recommended schedule should be used.

VACCINE	Minimum AGE	Minimum INTERVAL	Minimum INTERVAL	Minimum INTERVAL	Minimum INTERVAL
<b>DTaP/DTP/DT</b>	6 weeks	4 weeks	4 weeks	6 months	6 months (if 4th dose was given on/ after the 4th birthday, a 5th dose is not needed)
<b>Polio</b> Inactivated Polio Vaccine (IPV) is recommended for all four doses of the Polio series	6 weeks	4 weeks	4 weeks	4 weeks (if 3rd dose is given on/after the 4th birthday, the 4th dose is not needed. If 4th dose is needed, it should be given at 4-6 years of age)	
<b>MMR</b>	12 months	4 weeks	<i>If the first dose of MMR is given before the 1st birthday, it must be repeated.</i>		
<b>Hepatitis B</b>	birth	4 weeks	8 weeks (3rd dose should not be given earlier than 6 months of age)		
<b>Hib</b>	6 weeks	4 weeks	4 weeks	8 weeks (last dose is not given earlier than 12 months and a minimum of 2 months after previous dose)	NOTE: Schedule may vary according to child's current age and previous number of doses received
<b>Varicella</b>	12 months	<i>If Varicella and MMR are not given on the same day, space them at least 28 days apart.</i>			
<b>Hepatitis A</b>	2 years	6 months			

## SECTION 3

### EXEMPTION POLICY



#### CLAIMING AN EXEMPTION

A parent may claim an exemption to immunization for medical, religious, or personal reasons, as allowed by Section 53A-11-302 of the Utah Statutory Code. Each exemption claimed must be accompanied by the appropriate Utah Department of Health Exemption Form.

**MEDICAL EXEMPTION:** If a parent/guardian claims a medical exemption for a student, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or for all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. This WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

**Health care providers may obtain the Medical Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.**

**RELIGIOUS EXEMPTION:** If a parent/guardian claims a religious exemption for a student, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. This WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

**Local Health Departments may obtain the Religious Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.**

**PERSONAL EXEMPTION:** If a parent/guardian claims a personal exemption for a student, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. This WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

**Local Health Departments may obtain the Personal Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.**

## SECTION 4

# ANNUAL REPORTS



### DUE DATES

Each year, the Utah Immunization Program in connection with the Centers for Disease Control and Prevention (CDC) requires that schools (public, private, and parochial), and early childhood programs (nursery or preschools, licensed day care centers, child care facilities, family home care, and Head Start Programs) submit data regarding the immunization status of children currently enrolled. These reports reflect the current requirements in accordance with CDC guidelines. The Utah Department of Health will prescribe the information needed for each of the listed reports and the format for the reports.

THE DUE DATES ARE AS FOLLOWS:

#### NOVEMBER 30 OF EACH YEAR:

- (a) *KINDERGARTEN SUMMARY REPORT* – statistical report of the immunization status of all kindergarten children in any school setting (public, private, or parochial).
- (b) *SECOND DOSE MEASLES REPORT* – statistical report of the two-dose measles immunization status of all students kindergarten through grade 12.
- (c) *EARLY CHILDHOOD PROGRAM REPORT* – statistical report of the immunization status of all children in an early childhood program (nursery or preschools, licensed day care centers, child care facilities, family home care, and Head Start Programs).

#### JANUARY 31 OF EACH YEAR:

- (a) *TRANSFER SUMMARY REPORT* – statistical report of the immunization status of all transfer students kindergarten through twelfth grade in any school setting (public, private, or parochial). TIP: An easy way to report transfer students is to report all new students to your school since the November report. For example, if your November report included all students in your school as of October 31st, then the transfer report would include all new students since October 31st.

#### OTHER REQUIREMENTS:

- (a) *YEAR-END REPORTS* – In an effort to collect accurate immunization information, collaborative efforts with the Utah State Office of Education (USOE) may require year-end reports from each public school having students that were a “conditional admission” or “out-of-compliance” in November. The year-end report will track those students to find out if they were immunized by the end of the school year. The Utah Immunization Program will collect the information, the USOE will then use the data to determine weighted pupil unit funds for each public school district in accordance with USOE policies and Utah Statutory Code (Section 53A-11-301).
- (b) *AUDITS* – Periodic audits of schools and/or early childhood programs may be performed by local or state health department representatives for record review to ensure children meet the immunization requirements. The goal of these audits is to assure adequate protection of Utah’s children while improving immunization procedures. A major emphasis of these visits is to provide assistance in solving any problems.



## DEFINITIONS

The following are definitions which are used in the Annual Reports.

- 1. ADEQUATE FOR SCHOOL ENTRY** - means any child who is appropriately immunized for all school entry requirements prior to admission.
- 2. APPROPRIATE FOR AGE** – means any child who has received all of the doses of each vaccine appropriate for their age, but is not considered “adequate for school entry”. This is primarily used in Early Childhood Program settings.
- 3. CONDITIONAL ADMISSION** – means a student will have received at least one dose of each required vaccine and is currently on schedule for subsequent immunizations. If the immunization is one month past due, the student will be considered “not-in-compliance” and the exclusion process must begin.
- 4. EARLY CHILDHOOD PROGRAM** – means a nursery or preschool, licensed day care center, child care facility, family home care, or Head Start Program.
- 5. EXEMPTION** – means a relief from the statutory immunization requirements by reason of medical, religious, or personal reasons as defined in Section 53A-11-302 and 302.5 of the Utah Administrative Code.
- 6. NOT-IN-COMPLIANCE** – means a student meeting any one of the following conditions:
  - (a) has received fewer than the required number of doses, and is one month past due for subsequent immunizations, or
  - (b) has received one or more doses at less than the recommended interval or less than the recommended age, or
  - (c) has not received any doses of the required immunizations and has not claimed an exemption, or
  - (d) has no immunization record or another state’s official school immunization record.
- 7. SCHOOL** – A school is any public, private, or parochial kindergarten, elementary or secondary educational facility through grade 12.
- 8. SCHOOL ENTRY** – means a student, at any grade, entering a Utah school or early childhood program for the first time.
- 9. TRANSFER STUDENT** – means any student new to a school after the regular registration period ends. This may be determined by individual school policy. One method to report transfer students is to report all new students to your school since the November report. For example, if your November report included all students in your school as of October 31st, then the transfer report would include all new students since October 31st.
- 10. UNCONDITIONAL ADMISSION** – means a student must be adequate for school entry or have a medical, religious, or personal exemption claimed and documented.

## SECTION 5

### APPENDICES



#### **APPENDIX A -**

Utah Statutory Code – Title 53A – Chapter 11 – Students in Public Schools  
Utah Immunization Rule for Students (R396-100)

#### **APPENDIX B -**

Common Vaccine Names

#### **APPENDIX C -**

Frequently Asked Questions:

1. Admission/Entry
2. Exemptions
3. Immunization Record Review
4. Compliance Issues
5. Resources

#### **APPENDIX D -**

Communication with Parents

1. Early Childhood Program Immunization Requirements
2. Exclusion Notice for Inadequate Immunizations
3. Spanish Exclusion Notice for Inadequate Immunizations

#### **APPENDIX E -**

Utah Immunization Program Sample Forms

1. Sample Medical Exemption Form
2. Sample Religious Exemption Form
3. Sample Personal Exemption Form
4. Sample Utah School Immunization Record (USIR) - “Pink Card”

## APPENDIX A – Utah Immunization Statutes and Rules

### UTAH STATUTORY CODE

#### Utah Code – Statutes and Constitution

#### Title 53 A – State System of Public Education

#### Chapter 11 – Students in Public Schools

##### **53A-11-301. Certificate of immunization required.**

(1) Unless exempted for personal, medical, or religious objections as provided in Section 53A-11-302, a student may not attend a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family care home, or headstart program in this state unless there is presented to the appropriate official of the school a certificate of immunization from a licensed physician or authorized representative of the state or local health department stating that the student has received immunization against communicable diseases as required by rules adopted under Section 53A-11-303.

(2) School districts may not receive weighted pupil unit monies for a student unless the student has obtained a certificate of immunization under this section or qualifies for conditional enrollment or an exemption from immunization under Section 53A-11-302.

1992

##### **53A-11-302. Immunizations required -- Exceptions -- Grounds for exemption from required immunizations.**

(1) A student may not enter school without a certificate of immunization, except as provided in this section.

(2) A student who at the time of school enrollment has not been completely immunized against each specified disease may attend school under a conditional enrollment if the student has received one dose of each specified vaccine prior to enrollment.

(3) A student is exempt from receiving the required immunizations if there is presented to the appropriate official of the school one or more of the following:

(a) a certificate from a licensed physician stating that due to the physical condition of the student one or more specified immunizations would endanger the student's life or health;

(b) A completed form obtained at the local health department where the student resides, providing:

(i) the information required under Subsection 53A-11-302.5(1); and

(ii) a statement that the person has a personal belief opposed to immunizations, which is signed by one of the individuals listed in Subsection 53A-11-302(3)(c) and witnessed by the local health officer or his designee; or

(c) a statement that the person is a bona fide member of a specified, recognized religious organization whose teachings are contrary to immunizations, signed by one of the following persons:

(i) one of the student's parents;

(ii) the student's guardian;

(iii) a legal age brother or sister of a student who has no parent or guardian; or

(iv) the student, if of legal age.

1992

##### **53A-11-302.5. Personal belief immunization exemption.**

(1) The Department of Health shall provide to all local health departments a form to be used by persons claiming an exemption from immunization requirements based on a personal belief opposed to immunization. The form shall include a statement printed on the form and

## APPENDIX A – Utah Immunization Statutes and Rules

drafted by the Department of Health stating the department's position regarding the benefits of immunization. The form shall require, at a minimum:

- (a) a statement claiming exemption from immunizations required under Section 53A-11-302, signed by a person listed under Subsection 53A-11-302(3)(c);
  - (b) the name and address of the person who signs the form;
  - (c) the name of the student exempted from immunizations; and
  - (d) the school at which the student is enrolling.
- (2) (a) The Department of Health shall provide these forms to the local health departments.
- (b) Local health departments shall make the forms available to the public upon request.
- (3) (a) A student enrolling in a school and who claims exemption from immunizations based on a personal belief shall complete the form described in Subsection (1) and provide it to the school officials at the school in which the student is enrolling.
- (b) Students who prior to July 1, 1992, claimed an exemption from immunizations based on personal beliefs shall prior to December 1, 1992, complete the form described in Subsection (1) and provide it to the appropriate official of the school the student attends.

1992

### **53A-11-303. Regulations of department.**

- (1) The Department of Health shall adopt rules to establish which immunizations are required and the manner and frequency of their administration.
- (2) The rules adopted shall conform to recognized standard medical practices.
- (3) The rules shall require the reporting of statistical information and names of noncompliers by the schools.

1988

### **53A-11-304. Certificate part of student's record -- Forms for certificates -- Transfer of immunization record to official certificate.**

- (1) Each school shall retain official certificates of immunization for every enrolled student. The certificate becomes a part of the individual student's permanent school record and follows the student through his or her public or private school career.
- (2) The Department of Health shall provide official certificate of immunization forms to public and private schools, physicians, and local health departments. The forms referred to in this subsection shall include a clear statement of the student's rights under Section 53A-11-302.
- (3) Any immunization record provided by a licensed physician, registered nurse, or public health official may be accepted by a school official as a certificate of immunization if the type of immunization given and the dates given are specified and the information is transferred to an official certificate of immunization and verified by the school district in which the public or private school is located.

1988

### **53A-11-305. Immunization by local health departments -- Fees.**

- (1) If a student has not been immunized against a disease specified by the Department of Health, he may be immunized by the local health department upon the request of his parent or guardian, or upon the student's request if he is of legal age. The local health department may charge a fee to cover the cost of administration of the vaccine.
- (2) The vaccine necessary for immunizations required under Sections 53A-11-301 and 53A-11-303 shall be furnished to local departments of health by the Department of Health. The Department of Health may recover all or part of the cost of vaccines purchased with state funds by charging local health departments a fee for those vaccines. Local health departments



## APPENDIX A – Utah Immunization Statutes and Rules

may pass the cost of the vaccine on to the student, his parent or guardian, or other responsible party. However, a child may not be refused immunizations by the local health department in his area of residence because of inability to pay.

(3) The Department of Health shall establish the fee for administration of vaccines, as provided by Subsection (1), and shall establish fees for vaccines.

1988

### **53A-11-306. Conditional enrollment -- Suspension for noncompliance -- Procedure.**

(1) Conditional enrollment time periods may be modified by the department by legally adopted rules.

(2) The requirements for conditional enrollment shall apply to each student unless that student is exempted under Section 53A-11-302.

(3) After five days written notice of a pending suspension and of the student's rights under Section 53A-11-302 shall be mailed to the last-known address of a parent, guardian, or legal age brother or sister of a student who is without parent or guardian, the governing authority of any school shall prohibit further attendance by a student under a conditional enrollment who has failed to obtain the immunization required within time period set forth in Section 53A-11-302 or otherwise established by rule.

(4) Parents or guardians of children who are prohibited from attending school for failure to comply with the provisions of this part shall be referred to the juvenile court.

1988

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## UTAH IMMUNIZATION RULE FOR STUDENTS

### **R396. Health, Family Health Services, Child Health.**

#### **R396-100. Immunization Rule for Students.**

##### **R396-100-1. Purpose and Authority.**

(1) This rule implements the immunization requirements of Title 53A, Chapter 11, Part 3. It establishes minimum immunization requirements for attendance at a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:

- (a) required doses and frequency of vaccine administration;
- (b) reporting of statistical data; and
- (c) time periods for conditional enrollment.

(2) This rule is required by Section 53A-11-303 and authorized by Section 53A-11-306.

##### **R396-100-2. Definitions.**

As used in this rule:

“Department” means the Utah Department of Health.

“Early Childhood Program” means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.

“Exemption” means a relief from the statutory immunization requirements by reason of qualifying under Sections 53A-11-302 and 302.5.

“Parent” means a biological or adoptive parent who has legal custody of a child; a legal guardian, or the student, if of legal age.

## APPENDIX A – Utah Immunization Statutes and Rules

“School” means a public, private, or parochial kindergarten, elementary, or secondary school through grade 12.

“School entry” means a student, at any grade, entering a Utah school or an early childhood program for the first time.

“Student” means an individual enrolled or attempting to enroll in a school or early childhood program.

### **R396-100-3. Required Immunizations.**

(1) A student born before July 1, 1994 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella.

(2) A student born after July 1, 1994 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Hepatitis B.

(3) Commencing July 1, 2002, a student born after July 1, 1996 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, and Varicella.

(4) To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Haemophilus Influenza Type b prior to school entry.

(5) The vaccinations must be administered according to the recommendations of the United States Public Health Service’s Advisory Committee on Immunization Practices (ACIP) as listed below which are incorporated by reference into this rule:

(a) General Recommendations on Immunization: January 28, 1994/ Vol. 43/No. RR-1;

(b) Immunization of Adolescents: November 22, 1996/Vol. 45/No. RR-13;

(c) Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures: August 8, 1991/Vol. 40/No. RR-10;

(d) Pertussis Vaccination: Use of Acellular Pertussis Vaccines Among Infants and Children: March 28, 1997/Vol. 46/No. RR-7;

(e) Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices: November 17, 2000/Vol. 49/No. RR-13;

(f) Protection Against Viral Hepatitis: February 9, 1990/Vol. 39/No. RR-2;

(g) Hepatitis B: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: November 22, 1991/Vol. 40/No. RR-13;

(h) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older: January 11, 1991/Vol. 40/No. RR-1;

(i) Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: September 17, 1993/Vol. 42/No. RR-13;

(j) Measles, Mumps, and Rubella-Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: May 22, 1998/Vol. 47/No. RR-8;

(k) Poliomyelitis Prevention in the United States: May 19, 2000/Vol. 49/No. RR-5;

(l) Prevention of Varicella: July 12, 1996/Vol. 45/No. RR-11;

(m) Prevention of Varicella: Updated Recommendations of the Advisory Committee on Immunization Practices: May 28, 1999/Vol. 48/No. RR-6; and

(n) Prevention of Hepatitis A Through Active or Passive Immunization: October 1, 1999/

## APPENDIX A – Utah Immunization Statutes and Rules

Vol. 48/No. RR-12.

### **R396-100-4. Official Utah School Immunization Record (USIR).**

(1) Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The Department shall provide copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.

(2) Each school or early childhood program shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization. It shall transfer this information to the USIR with the following information:

- (a) name of the student;
- (b) student's date of birth;
- (c) vaccine administered; and
- (d) the month, day, and year each dose of vaccine was administered.

(3) Each school and early childhood program shall maintain a file of the USIR for each student in all grades and an exemption form for each student claiming an exemption.

(a) The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.

(b) If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either:

- (i) return the USIR and any exemption form to the parent of a student; or
- (ii) transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program.

(4) A representative of the Department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program.

(5) Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

### **R396-100-5. Exemptions.**

A parent claiming an exemption to immunization for medical, religious or personal reasons, as allowed by Section 53A-11-302, shall provide to the student's school or early childhood program the required completed forms. The school or early childhood program shall attach the forms to the student's USIR.

### **R396-100-6. Reporting Requirements.**

(1) Each school and early childhood program shall report the following to the Department in the form or format prescribed by the Department:

- (a) by November 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;
- (b) by November 30 of each year, a written statistical report of the two-dose measles immunization status of all kindergarten through twelfth grade students; and
- (c) by January 31 of each year, a written statistical report of the immunization status of all students kindergarten through twelfth grade new to a school after the school's regular registration period ends.

(2) The information that the Department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.

### **R396-100-7. Conditional Enrollment and Exclusion.**

## APPENDIX A – Utah Immunization Statutes and Rules

A school or early childhood program may conditionally enroll a student who is not appropriately immunized as required in this rule. To be conditionally enrolled, a student must have received at least one dose of each required vaccine and be on schedule for subsequent immunizations. If subsequent immunizations are one calendar month past due, the school or early childhood program must immediately exclude the student from the school or early childhood program.

(1) A school or early childhood program with conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.

(2) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

### **R396-100-8. Exclusions of Students Who Are Under Exemption and Conditionally Enrolled Status.**

(1) A local or state health department representative may exclude a student who has claimed an exemption or who is conditionally enrolled from school attendance if there is good cause to believe that the student has a vaccine preventable disease and:

(a) has been exposed to a vaccine-preventable disease; or

(b) will be exposed to a vaccine-preventable disease as a result of school attendance.

(2) An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.

### **R396-100-9. Penalties.**

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

**KEY: immunization, rules and procedures**

**2001 53A-11-303**

**53A-11-306**

## APPENDIX B – Common Vaccine Names

The following table is provided as a reference for school and early childhood program personnel as well as health care professionals who evaluate immunization records. To lessen any confusion, PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES (e.g., DTaP, MMR, Hepatitis B) instead of brand names.

Common Vaccine Names	
Vaccine/Vaccine Combination, by Generic Name or Trade Name	Vaccine Components
ACEL-IMUNE®	Diphtheria/Tetanus/acellular Pertussis
ActHIB®	Hib <sup>§</sup>
Attenuvax®	Measles
Certiva™	Diphtheria/Tetanus/acellular Pertussis
COMVAX™	Hepatitis B/Hib <sup>§</sup>
DT	Diphtheria/Tetanus
DTaP	Diphtheria/Tetanus/acellular Pertussis
DTP	Diphtheria/Tetanus/whole cell Pertussis
DTwP	Diphtheria/Tetanus/whole cell Pertussis
Engerix-B®	Hepatitis B
Havrix®	Hepatitis A
HibTITER®	Hib <sup>§</sup>
Infanrix™	Diphtheria/Tetanus/acellular Pertussis
IPV	Polio (Inactivated Polio Vaccine)
IPOL®	Polio (Inactivated Polio Vaccine)
Meruvax II®	Rubella
MR	Measles/Rubella
MMR	Measles/Mumps/Rubella
M-M-R II®	Measles/Mumps/Rubella
Mumpsvax®	Mumps
OmniHIB™	Hib <sup>§</sup>
OPV	Polio (Oral Polio Vaccine)
ORIMUNE®	Polio (Oral Polio Vaccine)
PedvaxHIB®	Hib <sup>§</sup>
ProHIBIT™	Hib <sup>§</sup> (only for children ≥ 18 months of age)
RECOMBIVAX HB®	Hepatitis B
“Sabin”	Polio (Oral Polio Vaccine)
“Salk”	Polio (Inactivated Polio Vaccine)
Td	Tetanus/ Diphtheria (for ≥ 7 years of age)
TETRAMUNE®	Diphtheria/Tetanus/whole cell Pertussis/Hib <sup>§</sup>
TriHIBIT®	Diphtheria/Tetanus/acellular Pertussis/Hib <sup>§</sup>
Tripedia®	Diphtheria/Tetanus/acellular Pertussis
VAQTA®	Hepatitis A
VARIVAX®	Varicella (chickenpox)

<sup>§</sup> Hib – Haemophilus Influenzae type b

Only those vaccines which are required for entry in a Utah school or early childhood program as referenced by the *Utah Immunization Rule for Students (R396-100)* are included in this table.

Some vaccines are not currently available, but are included to assist in evaluating records which document immunizations given in accordance with schedules and vaccines available at the time of immunization.

## APPENDIX C – Frequently Asked Questions



### ADMISSION/ENTRY

**1. What records are required for school or early childhood program entry?** All children enrolled in a school or early childhood program **MUST** have an immunization record which documents all doses and dates for all required vaccines received. Before a child enters a school or early childhood program, parents must present the student's immunization record with the following information:

- (a) the **name** of each required vaccine;
- (b) the **date** (*month/day/year*) **of each dose** received;
- (c) **written verification** of all doses by a physician, clinic, or other authorized medical provider.

**2. How can a student be admitted/enrolled to a school or early childhood program conditionally?** To be conditionally admitted/enrolled, a student **MUST** have received at least one dose of each required vaccine and be on schedule for the next immunization. If the subsequent immunization is one month past due, the student will be considered not-in-compliance and the process to exclude the student from school or early childhood program must begin.

**3. What is a transfer student?** A transfer student is any student new to a school after the regular registration period ends. The regular registration period may be determined by individual school policy. One way to report transfer students is to report all new students to your school since the November report. For example, if your November report included all students in your school as of October 31st, then the transfer report would include all new students since October 31st. Transfer students only apply to public, private, or parochial schools.

**4. Are transfer students required to provide new immunization documentation before being admitted into a new school?** Yes. Before entry, all children transferring from one Utah school to another or from schools outside Utah to a Utah school are required to provide the new school with the appropriate immunization information. Please use common sense when working with other schools to ensure immunization records are transferred in a timely manner.

**5. What about homeless students?** Homeless students are like any other student in your school. They are also required to have immunization records. The McKinney-Vento Homeless Assistance Act (re-authorized Dec. 2001), offers guidelines to assist you.

- 1. The school selected shall immediately enroll the child/youth in school, even if the child or youth lacks records normally required for enrollment, such as previous academic records, medical records, proof of residency or other documentation. [Sec. 722 (g)(3)(C)(i)]
- 2. If a child or youth lacks immunizations or immunization records, the enrolling school must refer parent/guardian to the liaison, who shall help obtain necessary immunizations or immunization records [Sec. 722 (g)(3)(C)(iii)]

Please work closely with your school district's liaison and use your best judgement to ensure these students receive the education they are entitled to and also receive immunizations they need in order to be protected from vaccine-preventable diseases. Collaboration will continue with the Utah State Office of Education to ensure school districts do not have weighted-pupil units (WPU) withheld for homeless students if there have been concerted efforts to obtain immunizations or immunization records for them. Many of these homeless students have no insurance, and are eligible to receive low or no cost immunizations through local health departments using vaccine provided by the Vaccine for Children (VFC) program. For information on the Utah VFC Program call (801) 538-9450.



### EXEMPTIONS

- 1. Are there any allowable exemptions?** Yes. The Utah Immunization Rule for Students allows an exemption to be claimed for medical, religious, or personal reasons. Please see section 3 in this guidebook for specific procedures to be followed to claim an exemption.
- 2. Are the exempted children to be excluded from school in the event of an outbreak?** Yes. In the event of an outbreak children who are conditionally enrolled and those who have claimed an exemption are to be encouraged to complete immunizations or are to be excluded from school. These children are at most risk for contracting a vaccine-preventable disease. Refer to Appendix A – Utah Immunization Rule for Students (Section R396-100-8).



### IMMUNIZATION RECORD REVIEW

- 1. Can a school or early childhood program maintain immunization records in a computer database ONLY?** No. According to the Utah Immunization Rule for Students (R396-100-4), the Utah School Immunization Record (USIR), commonly called the “PINK CARD” is the official school immunization record for all students who are enrolled in any early childhood program, any public, private or parochial school. This pink card is to be used to verify a student’s immunization status. It was the hope that the Utah Statewide Immunization Information System (USIIS) would provide a way for schools and other facilities to have access to the same information statewide. However, certain logistical details are still being worked out. Until USIIS is made available to all school districts, the pink card is still the official record each school must maintain for each student enrolled. If a school has a database, it may be used to track student follow-up and may generate reports if it is done correctly. However, a pink card must be in each student’s cumulative file as a backup. A print out from the database is not acceptable.
- 2. Where can I get pink cards?** The Utah Immunization Program supplies the USIR (a.k.a “the pink card” ) free to all early childhood programs, public, private, and parochial schools, as well as physicians, and local health departments upon each of their requests.
- 3. A child received vaccinations in another country. Can those records be accepted?** They can be accepted IF the same dosing schedule that is used in the United States was used. Often foreign countries use a different schedule than in the U.S. The Utah Immunization Rule is based on the schedule that is used in the U.S.
- 4. Is a school-aged student attending an early childhood program required to have an immunization record on file at that facility?** Yes. A current immunization record must be maintained on EVERY child attending an early childhood program. Early childhood programs may use the USIIS system if desired.
- 5. Are schools required to maintain immunization records for preschool children?** Yes. Preschool children attending a public or private school must have an immunization record on file with the school.

## APPENDIX C – Frequently Asked Questions

### IMMUNIZATION RECORD REVIEW – continued

**6. A parent is adamant that his/her child has been vaccinated, but can not provide written documentation. Can the child be admitted into school or an early childhood program?** No. Children without immunization records can not be admitted. It is the parent/guardian's responsibility to have written documentation of each child's immunization status. If the record can not be located, the child should be vaccinated in an age appropriate manner with one dose of each required vaccine. The facility then has the responsibility to follow up to ensure that written records or additional vaccines are received in a timely manner.

**7. A parent has a partial record and/or statement signed by a physician stating "All doses received", "Complete", "Up To Date", "Primary series complete", or other similar statements. Can this be accepted as proof of immunization?** No. Statements regarding immunizations which do not contain complete dates for all doses received are NOT adequate for attendance. The parent should contact their physician and request a new record documenting all vaccinations and dates administered.

**8. What is the four-day grace period?** The four-day grace period, is to be used for auditing purposes only. It allows the record reviewer to give a four-day grace period if a dose of any vaccine was given too early. Four days is the limit. It is not to be used to schedule succeeding doses of vaccine. It is to be used with discretion and with the understanding it is for auditing purposes only.

**9. When should immunization records be reviewed to determine those students who are "not-in-compliance"?** The time to first assess a child's immunization status is upon entry into a school or early childhood program. At that time, a "log" could be established to serve as a reminder about children needing additional doses of vaccine at a later date. This would provide the facility an easy method to determine those students "not-in-compliance" based upon their own system.

**10. Why must vaccines be repeated if received before the minimum age or interval?** Children who receive vaccines before the minimally recommended age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically received a "shot", it may have been ineffective in protecting the child against disease. By consistently maintaining the minimum age and interval requirement for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart in Section 2.

**11. Can a titer be accepted instead of vaccination?** No. Titers can not be accepted as proof of immunity.

**12. The immunization record shows that some vaccines were given at intervals longer than those recommended. Do these vaccines need to be repeated?** No. All doses given at intervals *longer* than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.



## APPENDIX C – Frequently Asked Questions

### IMMUNIZATION RECORD REVIEW – continued

**11. How does Utah determine the required immunization schedule?** Utah's Immunization Rule for Students is based upon the "Recommended Childhood Immunization Schedule" published by the Centers for Disease Control and Prevention (CDC). In turn, this schedule is developed from the recommendations of the national Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sector, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah's schedule, the Utah Immunization Program and representatives from the public and private health sector in Utah evaluate the ACIP recommendations and determines their appropriateness/feasibility for Utah's unique situations.



### COMPLIANCE ISSUES

**1. What criteria are used to determine if a student is in compliance with Utah's immunization requirements?** In order to determine if a child meets the requirements of the Utah Immunization Rule for Students, the following must be considered:

- (a) the student's age;
- (b) whether the student is in a school or early childhood program (requirements may differ depending on facility student is attending; i.e. Hib is not required for entry into kindergarten).
- (c) whether the student's immunization history indicates:
  - (i) verification by a medical provider (health care provider signature or health clinic stamp)
  - (ii) month, day, and year each vaccine was administered.
  - (iii) sufficient spacing intervals between doses.

These variables make it difficult to describe all possible situations which a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions which can not be answered by this guidebook, please call the Utah Immunization Program for consultation.

### **2. Who is responsible for proper immunization compliance?**

#### *Parents/Guardians:*

- (a) Are responsible for obtaining all age appropriate immunizations for their children and providing valid immunization records to the school or early childhood program.

#### *Principal/Early Childhood Program Official:*

- (a) Has the ultimate responsibility to ensure students attending school or early childhood programs are in compliance with Utah's immunization requirements; this includes assuring valid immunization records are complete and on file at the school or early childhood program and that follow-up for additional information (records or doses) is accomplished when necessary.
- (b) Shall exclude those students out-of-compliance after notifying the parent or guardian that the student is out-of-compliance and will be excluded from school.
- (c) Is responsible to ensure the annual immunization reports are submitted to the Utah Department of Health. See Section 4 for information regarding annual reports.



### RESOURCES

**1. Is there information available about immunizations?** Yes. The Utah Immunization Program website [www.immunize-utah.org](http://www.immunize-utah.org) has information about immunizations in Utah. The website is going through some big changes in order to provide the most current and useful information. Future editions of this guidebook will be available on the website to download. Please visit the website periodically to learn more about the latest on immunization issues.

The Utah Immunization Program may also be reached via phone at (801) 538-9450 or via fax at (801) 539-8440. The address is:

Utah Immunization Program  
288 North 1460 West  
P.O. Box 142001  
Salt Lake City, Utah 84114-2001

Immunization Hotline: 1-800-275-0659

**2. Are there other sources of information available on the internet?** Yes. There are many sources for great information on the internet. The following is a list of some of them.

**American Academy of Pediatrics (AAP)** – Policy statements, student, community information, “Red Book” order information .

[www.aap.org](http://www.aap.org)

**Bill & Melinda Gates Children’s Vaccine Program** – A non-profit organization which focuses on children in developing countries, but information is also applicable in the United States.

[www.childrensvaccine.org](http://www.childrensvaccine.org)

**Centers for Disease Control and Prevention (CDC)** – Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses.

1. *CDC Home Page*

In the News (announcements, hot topics, etc.)

Health information

Publications, software, and products

Data and Statistics

Training and employment

Electronic Morbidity and Mortality Weekly Report (MMWR) - free email subscription

Electronic Emerging Infectious Disease Journal

CDC Prevention Guidelines

Advisory Committee on Immunization Practices (ACIP) - vaccine recommendations

Access to individual state immunization program home pages

[www.cdc.gov](http://www.cdc.gov)

2. *International Travel* – online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent “*Health Information for International Travel*” (the Yellow Book).

[www.cdc.gov/travel](http://www.cdc.gov/travel)

## APPENDIX C – Frequently Asked Questions

### RESOURCES - continued

#### (CDC) - continued

3. National Immunization Program – Upcoming events, announcements, publications, including “*Epidemiology and Prevention of Vaccine-Preventable Diseases*” (the Pink Book), Vaccine Information Statements (VIS), Clinic Assessment Software Application (CASA), Vaccine Safety Information.

[www.cdc.gov/nip](http://www.cdc.gov/nip)

Phone: 877-394-8747

4. Hepatitis Branch

[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

5. Spanish Language

[www.cdc.gov/spanish](http://www.cdc.gov/spanish)

6. Morbidity and Mortality Weekly Report (MMWR) – Free subscription via email.

[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

**Children’s Hospital of Philadelphia (CHOP)** – Vaccine Education Center; great resources for families and professionals.

[www.vaccine.chop.edu](http://www.vaccine.chop.edu)

**Immunization Action Coalition (IAC)** – Dependable source on a variety of immunization issues

1. General Resources

[www.immunize.org/resources](http://www.immunize.org/resources)

2. IAC Express – Free email news services

[express@immunize.org](mailto:express@immunize.org)

3. Vaccine Information Statements (VIS) - English and 22 other languages

[www.immunize.org/vis](http://www.immunize.org/vis)

**National Alliance for Hispanic Health** – Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos.

[www.hispanichealth.org](http://www.hispanichealth.org)

Phone: 202-387-5000

#### **Plain Talk About Childhood Immunizations**

[www.metrokc.gov/health.immin](http://www.metrokc.gov/health.immin)

#### **The Food and Drug Administration (FDA)**

Vaccine Adverse Events Reporting System (VAERS) - site explains this safety system and provides vaccine information

[www.fda.gov/cber/vaers/vaers.htm](http://www.fda.gov/cber/vaers/vaers.htm)

#### **The National Network for Immunization Information**

[www.immunizationinfo.org](http://www.immunizationinfo.org)

#### **The Vaccine Page**

[www.vaccines.org](http://www.vaccines.org)

#### **Toll Free Numbers**

CDC Immunization Information Hotline – 1-800-232-2522

FDA Consumer Information Hotline – 1-800-835-4709

## APPENDIX D – Communication with Parents



The following pages are sample letters that may be used to notify parents of immunization requirements. The samples have been written to be as simple and concise as possible, yet still communicate essential information to parents. These letters may be modified by adding local letterhead, clinic hours, phone numbers, etc.

- 1) Early Childhood Program Immunization Requirements**
- 2) “Exclusion Notice” for Inadequate Immunizations**
- 3) Spanish “Exclusion Notice” for Inadequate Immunizations**



## Early Childhood Program Immunization Requirements

Dear Parent/Guardian:

Utah law requires children attending this Early Childhood Program or facility be appropriately immunized against the following vaccine-preventable diseases:

Diphtheria  
Pertussis  
Tetanus  
Polio

Measles  
Mumps  
Rubella  
*Haemophilus influenzae* type b (Hib)

**It is your responsibility to have your child immunized and to provide this facility with a medically verified, date and dose specific immunization record for all required immunizations he/she has received.**

Factors regarding when your child gets which doses of vaccine include:

- current age of child;
- when he/she began the immunization series;
- grade, if he/she attends school.

For specific information on which immunizations your child should receive, please consult with your health care provider.



## Exclusion Notice For Inadequate Immunizations

Date: \_\_\_\_\_

Dear Parent/Guardian:

A recent review of immunization records shows that your child \_\_\_\_\_ may not be adequately immunized as required by the Utah Immunization Rule for Students (R396-100). Please obtain complete dates for the indicated immunizations and provide a record to us by \_\_\_\_\_ or your child will be excluded from attending on \_\_\_\_\_ under Utah Statutory Code (53A-11-306) .

THE BOXES MARKED BELOW INDICATE DOSES NEEDED FOR YOUR CHILD'S RECORDS.

Vaccine	Dose in Question (circle dose number)	Reason (see codes to right)
DTaP/DT/Td	1    2    3    4    5	
Polio	1    2    3    4	
MMR (Measles, Mumps, Rubella)	1    2 2nd dose required for K-12 only	
Hepatitis B	1    2    3 Kindergarten entry after 7/1/1999	
Haemophilus Influenzae type b (Hib)	1    2    3    4 Early childhood programs only	
Varicella	1 Kindergarten entry after 7/1/2002	
Hepatitis A	1    2 Kindergarten entry after 7/1/2002	

**A.** Dates or doses are missing or incomplete.

**B.** Previous dose(s) was/were given too close together.

**C.** Previous dose(s) was/were given at too young an age.

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law requires that children must be appropriately immunized in order to attend a Utah school or early childhood program. Our facility supports this policy. If you have questions or need additional information, please call \_\_\_\_\_ .

Sincerely,



## Nota de Exclusión Por Inmunizaciones Inadecuadas

Fecha: \_\_\_\_\_

Querido Padre/Guardián:

Un repaso reciente de las fechas de vacunas nos muestran que su hijo/a \_\_\_\_\_, no está vacunado/a adecuadamente como es requerido por la Regla de Vacunación Para Estudiantes de Utah (R396-100). Por favor consigan las fechas para las vacunas indicadas y de una constancia a nosotros antes del día \_\_\_\_\_ o su hijo/a va a ser expulsado/a de atender a \_\_\_\_\_ bajo el código estatutorio Utah (53A-11-306).

LAS CASILLAS MARCADAS EN EL CUADRO DEBAJO INDICAN LAS DOSIS DE LA VACUNA QUE SU HIJO/A NECESITA:

Vacuna	Dosis que necesita (circule el número de la dosis)	Razón (mire los códigos a la derecha)
DTaP/DT/Td *	1    2    3    4    5	
Polio	1    2    3    4	
MMR (Sarampión, Paperas, Rubeola)	1    2 (Segunda dosis solo requerida para Kindergarten hasta 12)	
Hepatitis B	1    2    3 (Entrada a Kindergarten después de 01 Julio 1999)	
Influenza de Hemofilious Tipo b (Hib)	1    2    3    4 (Programas de Primera Infancia solamente)	
Varicela	1 (Entrada a Kindergarten después de 01 Julio 2002)	
Hepatitis A	1    2 (Entrada a Kindergarten después de 01 Julio 2002)	

**A.** Las fechas o dosis no estan completas, o no fueron registradas.

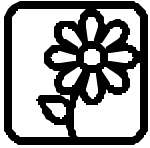
**B.** Las dosis anteriores fueron administradas muy cerca una de la otra.

**C.** Las dosis fueron dadas a una edad muy temprana.

\* D = Difteria  
\* T = Tétano  
\* P = Pertussis

Si no recibimos esta información antes de la fecha indicada, nos veremos forzados a expulsar a su hijo/a de las escuela. No nos gustaría tomar este tipo de acción, pero el estado requiere que los niños sean vacunados correctamente para poder ir a la escuela en Utah o programas para niños de temprana edad. Nuestro program apoya esta regla. Si tiene alguna pregunta o necesita información adicional, por favor llame al \_\_\_\_\_.

Sinceramente,



### SAMPLE FORMS

The following pages are sample forms which the Utah Immunization Program provides.

- 1) Sample Medical Exemption Form** – available from student’s physician.
- 2) Sample Religious Exemption Form** – available from local health department.
- 3) Sample Personal Exemption Form** – available from local health department.
- 4) Sample Utah School Immunization Record (USIR) or “pink card”** - available from the Utah Immunization Program.

NOTE: Annual report forms are also available through the Utah Immunization Program. Forms include:

- a. School Annual Summary Report – for annual kindergarten and transfer reports
- b. Second Dose Measles Report – for all facilities with any grade K-12
- c. Early Childhood Program Report – for all child care facilities, including day care, preschools, and Head Start Programs.

See Section 4 for information regarding annual reports.



## APPENDIX E – Utah Immunization Program Sample Forms



# SAMPLE

### Medical Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases which are preventable by vaccination can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals may have medical conditions for which receiving one or all immunizations may be contraindicated.

As the physician for \_\_\_\_\_, I certify that the physical condition of this child is such that one or all immunizations would endanger the student's health or the health of a household member.

(check the appropriate box):

- ☐ This medical exemption is for all immunizations.  
☐ This medical exemption is for one immunization (i.e. live virus vaccines)  
☐ List immunizations included in this exemption: \_\_\_\_\_  
☐ This medical exemption is temporary. (i.e. pregnancy, long-term illness, immunocompromised condition of child or household member)  
Duration of temporary exemption \_\_\_\_\_

I hereby request that this child be exempted from the Utah Immunization Rule for Students (R396-100) due to a medical condition for which immunizations are contraindicated.

\_\_\_\_\_  
Name of Physician (PRINT)

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child Exempted (PRINT)

\_\_\_\_\_  
Date of Birth

I understand that if an outbreak of any vaccine-preventable disease occurs, the child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

\_\_\_\_\_  
Name of Parent/Guardian (PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Record (USIR) and other records whenever a transfer occurs.

**WHITE – School or Early Childhood Program**

Utah Department of Health  
CFHS/Immunization 08/01

**Available from the physician's office only.**

## APPENDIX E – Utah Immunization Program Sample Forms



# SAMPLE

### Religious Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases which are preventable by vaccination can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals may be in opposition to immunization, based upon religious practices and/or beliefs.

As the parent/guardian of \_\_\_\_\_, I certify that I am a member of a recognized religious organization which has doctrine that opposes immunizations.

\_\_\_\_\_  
Name of Religious Organization

I also understand that if an outbreak of any vaccine-preventable disease occurs, the child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

I hereby request that my child be exempted from the Utah Immunization Rule for Students (R396-100) due to my religious practices and/or beliefs.

\_\_\_\_\_  
Name of Parent/Guardian (PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child Exempted (PRINT)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness (Local Health Officer or Designee)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School or Early Childhood Program

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Record (USIR) and other records whenever a transfer occurs.

**WHITE – School or Early Childhood Program**

Utah Department of Health  
CFHS/Immunization 08/01

**Available from the local health departments only.**

## APPENDIX E – Utah Immunization Program Sample Forms



# SAMPLE

### Personal Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases which are preventable by vaccination can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals have the right to make the decision, should they choose not to immunize.

As the parent/guardian of \_\_\_\_\_, I certify that I have strong personal beliefs against the practice of immunization/vaccination. I am opposed to having my child immunized against vaccine-preventable diseases.

I also understand that if an outbreak of any vaccine-preventable disease occurs, the child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

I hereby request that my child be exempted from the Utah Immunization Rule for Students (R396-100) due to my personal opposition to immunizations.

\_\_\_\_\_  
Name of Parent/Guardian (PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child Exempted (PRINT)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness (Local Health Officer or Designee)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School or Early Childhood Program

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Record (USIR) and other records whenever a transfer occurs.

**WHITE – School or Early Childhood Program**

Utah Department of Health  
CFHS/Immunization 08/01

**Available from the local health departments only.**



# UTAH SCHOOL IMMUNIZATION PROGRAM

Immunize for healthy lives!

## UTAH SCHOOL IMMUNIZATION RECORD

**SAMPLE**

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). For more information about USIIS, please visit the USIIS website at [www.usiis.org](http://www.usiis.org) or see the Family Educational Rights and Privacy Act (FERPA) directory.

**INSTRUCTIONS:** This form must be completed for enrollment in schools and early childhood programs (i.e. a nursery or preschool, licensed day care center, child care facility, family home care, or Head Start Program.) See reverse side for instructions on claiming exemptions for medical, religious, or personal reasons.

**Student Name** \_\_\_\_\_ **Gender** ☐ Male ☐ Female **Date of Birth** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Does child have health insurance? YES NO Name of Insurance \_\_\_\_\_

If no health insurance, would you like to be contacted about health coverage for children? YES NO

VACCINE	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>DTP, DTaP, DT, Td</b> (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
<b>Haemophilus Influenzae b (Hib)</b>					
<b>Polio (IPV or OPV)</b>					
<b>Measles, Mumps, and Rubella (MMR)*</b> 1 <sup>st</sup> dose must be received on or after the 1 <sup>st</sup> birthday					
<b>Measles</b> (Rubella, 10 day, red measles)**					
<b>Mumps**</b>					
<b>Rubella</b> (German measles, 3 day measles) **					
<b>Hepatitis B (HBV)</b>					
<b>Varicella (Chickenpox)</b>					
<b>Hepatitis A</b> 1 <sup>st</sup> dose must be received on or after the 2 <sup>nd</sup> birthday.					

Record the month, day, & year vaccine was given.

\* If vaccine is given in the completed form (MMR), enter the complete date in the appropriate MMR box.

\*\* If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.

If a student has had the chickenpox disease, parent must sign to the right.

### SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

- Date of Unconditional Admission: \_\_\_\_\_  
ALL REQUIREMENTS MET
- Date of Conditional Admission: \_\_\_\_\_  
Exemption was granted for:  
☐ Medical Reason  
☐ Religious Reason  
☐ Personal Reason
- Exemption was granted for:  
☐ Physician Record  
☐ Parent Record  
☐ Health Dept. Record

My student has had the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian: \_\_\_\_\_

Today's Date \_\_\_\_\_

I have reviewed the records available, and to the best of my knowledge, this student has received the above immunizations.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician School or Early Childhood Program Official Health Authority

# APPENDIX E - Utah Immunization Program Sample Forms

## INSTRUCTIONS

1. **The minimum required immunizations for school or early childhood program entry include:**
  - 5 doses of DTaP/DT/DT** – 4 doses are acceptable if the 4<sup>th</sup> dose was given after the 4<sup>th</sup> birthday; 3 Td required if started after age 7.
  - 4 doses of Polio** – 3 doses are acceptable if the 3<sup>rd</sup> dose was given after the 4<sup>th</sup> birthday;
  - 2 doses of Measles** – required for all students kindergarten through grade 12. Two doses of Measles, Mumps, and Rubella (MMR) vaccine are acceptable. The first dose of measles containing vaccine must be given on or after the 1<sup>st</sup> birthday.
  - 1 dose of Mumps** – must be given on or after the 1<sup>st</sup> birthday.
  - 1 dose of Rubella** – must be given on or after the 1<sup>st</sup> birthday.
  - 4 doses of Haemophilus Influenzae type b (Hib)** – dosing schedule is based upon student's current age and number of previous doses received. *Hib is not required for kindergarten entry.*
  - 3 doses of Hepatitis B** – required for students born after July 1, 1993 prior to entering kindergarten. *It is not required to attend an early childhood program.*
  - 1 dose of Varicella (chickenpox)** – EFFECTIVE JULY 1, 2002 – required for students born after July 1, 1996 prior to entering kindergarten. It must be given on or after the 1<sup>st</sup> birthday. Parental history of the disease is acceptable. Parent/Guardian must sign verifying history of disease.
  - 2 doses of Hepatitis A** – EFFECTIVE JULY 1, 2002 – required for students born after July 1, 1996 prior to entering kindergarten. The first dose of Hepatitis A must be given on or after the 2<sup>nd</sup> birthday.
2. **Fill in (print or type) student's name, gender, and date of birth.**
3. **Fill in (print or type) name of parent/guardian, mailing address, city, zip code, and telephone number. Parent/Guardian must sign.**  
Also complete information regarding health insurance.
4. **Written proof is required to verify the student's immunizations.** Proof may be obtained from physician records, health department records, or parent/guardian records. Parent/guardian records may be accepted if they indicate the student's name, date of birth, type of vaccine administered, specific dates of immunization, and the name of physician or health care facility administering the vaccine.
5. **Transcribe the month, day, and year of each immunization received by the student in the appropriate box.**
6. **Complete the "SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY" box.**
  - a. Determine if admission requirements for all required immunizations have been met. If all requirements have been met, enter "Date of Unconditional Admission – ALL REQUIREMENTS MET". If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Date of Conditional Admission" and explain the process of completing required immunizations to parent/guardian.
  - b. If a student is exempted for medical reasons and the duration of the medical condition is temporary, enter "Date of Conditional Admission". Upon expiration of temporary status, immunizations shall be required. If the medical exemption is permanent, the student shall be considered as having met all requirements. Complete date for ALL REQUIREMENTS MET and check the box marked medical exemption granted.
  - c. If a student is exempted for religious or personal beliefs, the student shall be considered as having met all requirements. Complete date for ALL REQUIREMENTS MET and check the box marked religious or personal exemption granted.
  - d. Fill in date(s) immunization records were verified.
7. **Complete authorized signature and date.**
8. **Exemption Procedures:**
  - a. **MEDICAL EXEMPTION:** If a medical exemption is claimed, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is to one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.
  - b. **RELIGIOUS EXEMPTION:** If a religious exemption is claimed, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.
  - c. **PERSONAL EXEMPTION:** If a personal exemption is claimed, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

**Additional copies of this guidebook may be obtained by contacting:**

**Utah Immunization Program in writing at  
Utah Department of Health  
Immunization Program  
P.O. Box 142001  
Salt Lake City, Utah 84114-2001  
(801) 538-9450 phone  
(801) 538-9440 fax**

